

SECRET

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110094-2

REPORTS INVENTORY						CONTROL NO. DDS/OF-159																	
PREPARE IN DUPLICATE																							
1. TITLE OF REPORT (if a fill-in report include Form No.) Program Status						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;"><input checked="" type="checkbox"/></td> <td>STATISTICAL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>NARRATIVE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>MACHINE-NAME LISTING</td> </tr> </table>		<input checked="" type="checkbox"/>	STATISTICAL	<input type="checkbox"/>	NARRATIVE	<input type="checkbox"/>	MACHINE-NAME LISTING										
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3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>PERSONNEL</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>TRAINING</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>LOGISTICS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SECURITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>MEDICAL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>FINANCE</td> </tr> </table>		<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING	<input type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY	<input type="checkbox"/>	MEDICAL	<input checked="" type="checkbox"/>	FINANCE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>ADMIN. GENERAL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>OTHER (specify)</td> </tr> </table>		<input type="checkbox"/>	ADMIN. GENERAL	<input type="checkbox"/>	OTHER (specify)		
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4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly		6. DISTRIBUTION (No. of components not number of copies) 48																			
7. FORMAT (memorandum, form computer print-out, etc) Machine Listing		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;"><input checked="" type="checkbox"/></td> <td>YES</td> <td rowspan="2" style="padding: 5px;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>NO</td> </tr> </table>		<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.	<input type="checkbox"/>	NO	9. DIRECTIVE AUTHORITY REQUIRING REPORT														
<input checked="" type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.																					
<input type="checkbox"/>	NO																						
10. PREPARING COMPONENT (include lowest level contributing information to report) Accounts				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)																			
12. COST FACTORS																							
A. MANUAL PREPARATION AND REVIEW COSTS																							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR																
Pro rata share of review, analysis and distribution time.							\$ 1,048.40																
B. COSTS OF COMPUTER PRODUCED REPORTS																							
636 pgs x 8 cys - 5,088 pgs x 3¢ =		\$152.64 x 12 times =				\$1,831.68																	
TOTAL COSTS PER YEAR						\$X,88KXX \$ 2,880.08																	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.																							
14. FUTURE GOALS																							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>RETAIN AS IS</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>OTHER (explain)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CHANGE</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>DISCONTINUE</td> <td></td> <td></td> </tr> </table>						<input type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)	<input type="checkbox"/>	CHANGE			<input type="checkbox"/>	DISCONTINUE			ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">MAN-HOURS</td> <td style="width: 50px; text-align: center;">DOLLARS</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		MAN-HOURS	DOLLARS		
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MAN-HOURS	DOLLARS																						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION																	

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